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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3713

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1378

PLACE OF DEATH AND USUAL RESIDENCE X-	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 15 yrs IN ARIZONA 15 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
	C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona	
	D. FULL NAME OF HOSPITAL OR INSTITUTION 2834 W. Pima Street				B. COUNTY Maricopa	
					C. CITY OR TOWN Phoenix	
DECEDENT PERSONAL DATA 776 4 655	3. NAME OF DECEASED (TYPE OR PRINT) James M. TINNEY		4. SEX Male		5. COLOR OR RACE White	
	6B. NAME OF SPOUSE Sarah		7. DATE OF BIRTH MONTH DAY YEAR June 10 1878		8. AGE (IN YEARS LAST BIRTHDAY) 76	
	9B. KIND OF BUSINESS OR INDUSTRY Agriculture		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 440-10-5658		14. BIRTHPLACE (STATE OR COUNTRY) Texas	
CAUSE OF DEATH (ITEM 18)	14A. FATHER'S NAME John C. TINNEY		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME (Unk.) OWENS	
	16. INFORMANT'S SIGNATURE Sarah TINNEY (wife)		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 4 1955		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (C1, C2, C3) (C1) 4-2-01 (C2) THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 3, 1954, to June 4, 1955, THAT I LAST SAW THE DECEASED ALIVE ON June 4, 1955, AND THAT DEATH OCCURRED AT 9:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE Frank J. Stumpf		22B. ADDRESS 4206 N. 7th Ave. Phoenix	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE June 7, 1955		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park	
FUNERAL DIRECTOR AND REGISTRAR 85 2 115	26A. DATE REC. BY LOCAL REG. 6/6/55		26B. REGISTRAR'S SIGNATURE Budsh J. J. J.		27A. FUNERAL DIRECTOR'S SIGNATURE Fred E. Parker	
	27B. ADDRESS 334 WEST MONROE PHOENIX, ARIZONA					